MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE APPLICANT(S)

		(FOR U				
	ASI	FILED	1st AME	ER NDMENT	AF 2nd AME	TED
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	ļ.,,,				
2				, i		
3		 				
4		1.3				
5		1				
6						
7		(1)		1		
8		1				
Ĵ	 	1 3	i i			
10		[]				
11		(L				
12		7		+		
13	1				_	
14	1					
15						
16						
17			-			
18						
19						
20	 					
21	╀					
22	 					
23	╂					
24	 					
25	} 					
26					-	
27						
28						
29						
30						
31						
32						
33						
34				- :		
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45	Pie					
46						
47						
48				$\neg \vdash$		
49						
50				_		
OTAL				.		
OTAL		┵┝	J_	┛┡		1
EP.		·			•	
OTAL LAIMS TO-1360						1000